

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000092359

FILED
May 06, 2008
Secretary of State

Entity Name: ALPHA COMMUNITY MENTAL HEALTH CENTER, INC.

Current Principal Place of Business:

7811 SW 24TH ST
SUITE 137
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

7811 SW 24TH ST
SUITE 137
MIAMI, FL 33155

New Mailing Address:

FEI Number: 41-2057243

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUSSINI, MARIA
7811 SW 24 STREET
SUITE 137
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MARIA, MUSSINI
Address: 7811 CORAL WAY, SUITE 137
City-St-Zip: MIAMI, FL 33155

Title: VD (X) Delete
Name: RIVERO GUEVARA, ANDRE
Address: 7811 CORAL WAY, SUITE 137
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA MUSSINI

PD

05/06/2008

Electronic Signature of Signing Officer or Director

Date